

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

44409  
STATE FILE NUMBER  
5856

Registration District No. 149 Primary Registration District No. 1001 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>			d. STREET ADDRESS <b>6801 Indep. Ave</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Thomas</b> Last <b>Homan Sr.</b>			4. DATE OF DEATH Month <b>12</b> Day <b>10</b> Year <b>57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-20-1904</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self-employed</b>	11. BIRTHPLACE (City and state or country) <b>Carrollton Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Wm. Homan</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Effington</b>		14. NAME OF HUSBAND OR WIFE <b>Ella Ewing</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-12-8377</b>		17. INFORMANT Address <b>Miss Betty Jean Nutall, 6801 Indep. Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Tuberculosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>History of TB 8 yrs</b>					INTERVAL BETWEEN ONSET AND DEATH <b>002+</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Hugh H. Owens</b>		22b. ADDRESS <b>1034 Pleasant Blvd</b>		22c. DATE SIGNED <b>12-12-57</b>	
23a. BURIAL OR REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-14-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Wood Lawn Cemetery</b>	
				23d. LOCATION (City, town, or county) (State) <b>Kans Independence Mo.</b>	
24. FUNERAL DIRECTOR <b>Sheil Funeral Home</b>		ADDRESS <b>Kansas City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-12-57</b>	
26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>					



Jackson

Massachusetts

Jackson

X

James City

X

James City

X

6801 Indiana Ave

General Hospital

12-10-27

Robert Thomas Brown Sr.

23

10-20-1904

X

White

Male

12

Carrington Co.

Michigan

Ella Ewing

Anna Ellington

St. Helen

Miss Betty Jean Nutall

1904-12-8377

Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Thomas A. Smith*

Licensed Embalmer No. *4954*

P. O. Address *K.C. Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Should Embalmer have been signed